

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214503518					
1.) CORPORATION NAME: NAIOP Research Foundation, Inc. <div style="float: right;">DUE DATE: 1/31/2014</div>							
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA <div style="float: right;">SCC ID NO: F1457458</div>							
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY <div style="float: right;">5.) STOCK INFORMATION</div>							
4.) STATE OR COUNTRY OF INCORPORATION: DE <div style="float: right;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">CLASS</td> <td style="padding: 2px 10px;">AUTHORIZED</td> </tr> </table> </div>			CLASS	AUTHORIZED			
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6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;">ADDRESS: 2201 COOPERATIVE WAY</div> <div style="text-align: center;">CITY/ST/ZIP: HERNDON, VA 20171</div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LAWRENCE POBUDA TITLE: Chairman ADDRESS: 8500 NORMANDALE CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55437 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: LAWRENCE POBUDA TITLE: Chairman ADDRESS: 8500 NORMANDALE CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55437	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK WUEST DIRECTOR 38 SIDNEY STREET SUITE 180 CAMBRIDGE, MA 02139	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Thomas J Bisacchino DIRECTOR 2201 Cooperative Way Herndon, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William E Hunt PRESIDENT One Bigelow Square Suite 630 Pittsburgh, PA 15219	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paul F Ciminelli DIRECTOR 350 Essjay Road Suite 101 Williamsville, NY 14221	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jack M Schultz DIRECTOR 2201 N Willenborg Suite 2 Effingham, IL 62401-4637	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Thomas JBisacchino SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		Thomas JBisacchino, PRINTED NAME AND CORPORATE TITLE	
		1/13/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			